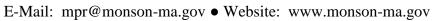
## **Monson Parks & Recreation Department**



110 Main Street, Monson, MA 01057 Phone: 413-267-4105





## **APPLICATION FOR FIELD USE**

Please indicate which field you would like to use; first choice (1) and second choice (2):				
Veterans 1	Quarry Hill 1	Cushman Baseball		
Veterans 2	Quarry Hill 2	Cushman Lacrosse		
Veterans 3	Quarry Hill Soccer	Cushman Soccer		
Veterans Soccer	Lower Rogers	Flynt Park 1 - Baseball		
MHS Field: JV Soccer /L	ax Upper Rogers	Flynt Park 2 - Baseball		
Constantino Field	Moriarty Field (GVMS)	Devine Track Complex		
Name of Group				
Type of Activity				
Number in Group	Age of Participants in	Group		
Date(s) of Use (Please include any make up and/or rain dates.)				
Time of Use	From To			
Number of Adult Supervisors				
Names of Authorized Supervising Adults				

The person whose signature appears below signifies that he/she is responsible for the group, will see that town property is used in conformity with the rules and regulations of the Monson Parks and Recreation Commission, and will be responsible for any damages accruing from this use. Failure to conform to rules may result in forfeit of the permit.

Proof of the group's liability insurance may be asked for before a permit is granted. <u>Teams must attach game schedules, including make up and/or rain dates, with this application.</u>

Single day rental fee \$100 per event.

Seasonal rental fee \$400 per season/per team\*

If you require a portable toilet at field location, please add \$100 per month of use to Application Fee.

\*This fee covers the set up of weekday games. You must make arrangements for weekend games. The fee covers practices and games. Only up to 1/2 of your games should be scheduled on your home field. If the league schedules more than this amount, a \$40 per game fee will be added. (Example, 10 game schedule should equal up to 5 home games. If the league schedules 7 home and 3 away, then we would assess an extra \$80 to your rental fees.)

## Fee MUST BE accompanied with this Application for approval.

Signature of person responsible for all arrangement for the group	ents	Date of application	
Address of person above	<del></del>	Contact Tel. No.	
Pagint/Chark No.	For Office Use:	Doto	
Receipt/Check No	For Office Use: Amount	Date	